

FOR OFFICIAL USE ONLY
OFFICER PROGRAMS APPLICATION

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

1. Other Last Names Used (i.e., maiden name) _____

2. Indicate program(s) to which you are applying:

<input type="checkbox"/> USNA	<input type="checkbox"/> BOOST	<input type="checkbox"/> Basic ECP	<input type="checkbox"/> MECP (Nurse)
<input type="checkbox"/> NROTC 4 yr	<input type="checkbox"/> BOOST (Nurse)	<input type="checkbox"/> Aviation ECP	<input type="checkbox"/> MSC IPP (Check Program)
<input type="checkbox"/> NROTC 2 yr	<input type="checkbox"/> STA	<input type="checkbox"/> Nuclear ECP	<input type="checkbox"/> Health Care Administration
<input type="checkbox"/> NROTC (Nurse) 4 yr	<input type="checkbox"/> OCS	<input type="checkbox"/> Civil Engineer	<input type="checkbox"/> Physician Assistant
		<input type="checkbox"/> Corps ECP	<input type="checkbox"/> LDO
			<input type="checkbox"/> CWO

3. Desired Community/Designator (Required for OCS, NECP, LDO/CWO applicants. Optional for all other programs.)
 (NROTC, BOOST applicants can only choose URL community.)

a. _____ b. _____ c. _____

PERSONAL INFORMATION	
4. Gender (Check one option) <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Date of Birth _____ <div style="text-align: center;">(dd/mm/yy)</div>
6. Citizenship a. U.S. Citizen? Yes/No _____ b. Place of Birth _____ <div style="text-align: center;">(Not Req for LDO/CWO)</div> c. If a naturalized citizen, provide the following: (1) Naturalization number: _____ (2) Place where naturalized: _____ (3) Date of naturalization: _____ d. Citizenship certificate? Yes/No _____ If yes, provide certificate number and attach verification of birth (DD 372).	7. Marital Status (Check one option) Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>
8. Number of Dependents (Not Required for LDO/CWO/ STA/ Basic ECP/AECP/ MECP, MSC) <input type="checkbox"/> Spouse <input type="checkbox"/> No. of dependent children _____ <input type="checkbox"/> No. of other dependents Explain: _____	9. State of Legal Resident (Applicable to Basic ECP, AECP, NECP, and STA only) _____ _____
10. UIC _____	11. PRD _____ <div style="text-align: center;">(mm/yy)</div>
12. Command Address (FPO/APO address) Name of Command _____ Street _____ City _____ State _____ Zip Code _____ Phone/DSN: _____ Fax: _____ E-mail: _____	13. Current Mailing Address (Home) Street _____ City _____ State _____ Zip Code _____ Phone: _____ Fax: _____ E-mail: _____
14. Race (Check one) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native Alaskan/Am. Indian </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Other <input type="checkbox"/> Unknown </div>	

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NAVAL ACADEMY (not applicable to other programs)

15. State of Legal residency and Congressional District _____

16. Naval Academy Preparatory School (NAPS)

Would you like to be considered for the Naval Academy Preparatory School if found not scholastically qualified for direct entrance to the Naval Academy? Yes ____ No ____

MILITARY INFORMATION17. Date of Rate _____
(dd/mm/yy)

18. Branch of Service and Component (Check appropriate block)

____ USN ____ USNR ____ USNR(TAR) ____ USNR-R ____ USMC ____ Other (Specify)

19. Warfare Qualification(s)

(1) _____ (2) _____ (3) _____ (4) _____

20. Active Duty Service Date _____

(dd/mm/yy)

21. TESTING SCORES (See specific chapters per officer program) (Not required for LDO/CWO)

TEST	SCORES	TEST	SCORES
AFQT		SAT/ACT	
VE		GRE/GMAT	
AR		P/FOFAR	
		P/FOBI	
		OAR	
		AQT	

22. PRT INFORMATION (Not required for LDO/CWO)

Provide the following information for the last three (3) consecutive official PRTs.

Date of PRT	Final Score	Overall Score	Run/Swim	Sit ups	Push ups	Height	Weight	Percent Body Fat
		O E G S F						
		O E G S F						
		O E G S F						

PRT Coordinator (Print Name and Rate/Rank) _____

PRT Coordinator Signature and date: _____

23. DUTY ASSIGNMENT HISTORY (List last 5 commands)

Dates (from/to)	Position (Primary Duty)	Command
PRESENT		

*attach separate sheet if more space is necessary

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EDUCATION**24. HIGH SCHOOL:** (Attach one certified copy of each high school transcript(s) and GED certificate.) (For LDO/CWO: attach proof of GED if not a High School Graduate)

- a. High School Graduation Date (dd/mm/yy) _____
- b. High School(s) Attended (Name and location):
- (1) _____
- (2) _____
- (3) _____
- c. GED Date _____
- (dd/mm/yy)

25. COLLEGE: (Attach one certified copy of all college transcript(s))

- a. Associates Degree _____ Date of Degree _____
- b. Bachelor's Degree _____ Major _____ Date of Degree _____
- c. Number college credits if Bachelor's Degree is not complete _____
- d. Anticipated date of graduation if Bachelor's Degree is not complete _____
- e. Graduate Degree _____ Major _____ Date of Degree _____

26. Degree Preference (Not required for OCS, LDO/CWO)

- a. Desired Course of Study (Major) _____
- b. University Preference(s):
- (1) _____
- (2) _____
- (3) _____
- (4) _____

PERSONAL HISTORY**27. Personal Awards** (Attach one copy each of award citation)

Award	Command (Short Title)	Date Awarded

* attach separate sheet if more space is necessary

28. Service Schools (If applicable, attach copy of SMART Transcript)

Name and Location of Service Schools Attended	Date of School	Class Standing (if applicable)

* attach separate sheet if more space is necessary

29. Correspondence Courses (Exclude rate required courses)

Correspondence Course Title	Date of Completion

* attach separate sheet if more space is necessary

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30. Extracurricular Activities

1.
2.
3.
4.
5.

31. Special Abilities: (List all foreign language skills; flying experience, including airframe and hours; computer skills, etc.)

1. _____
2. _____
3. _____

32. Civil/Military Offense(s)

Have you ever been cited, arrested, convicted, or fined for any violation of any law or ordinance? Yes ☐ No ☐

If yes, give complete description of incident(s). State where and when each incident occurred, the nature of offense(s), and the date and disposition of case(s). (Include NJPs, and Courts Martial). NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.

Offense	Place of Offense	Disposition of Offense	Date of Disposition

33. Drug Use/Alcohol Related Incidents NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.

Drug/Alcohol Used	Amount Taken	Frequency of Use	Date Last Used

*attach separate sheet if more space is necessary

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34. Previous applications/attendance to any commissioning programs

Program	Sponsor Service	Date	Results (Selected but declined position or non-selected)

*attach separate sheet if more space is necessary

PERSONNEL SECURITY INFORMATION - Required for applicants for OCS and MSC IPP ONLY. This section MUST be completed by the Command Security Manager. Applications will be returned if this section is not completed. NOTE: If you possess a current background investigation, the Electronic Personal Security Questionnaire (EPSQ) is NOT required. See Chapters 7 and 13 for further guidance.

35. Type of background investigation. ENTNAC _____ NAC _____ OTHER _____**36. Investigating Agency** e.g., DOD, FBI, State Department _____ **Date of investigation** _____**37. Command Security Manager verification of current ENTNAC or NAC**

Security Manager Name and Rank (Print): _____ Work Phone: _____
 Security Manager Signature and date: _____ DSN: _____

PRIVACY ACT

AUTHORITY: Title 10 United States Code, Section 532, and 2122, 12209, 12241 which prescribes qualifications for appointment in the Armed Forces of the United States, information regarding your educational background, involvement with law enforcement agencies, juvenile, traffic, criminal, or other, including foreign countries, drug usage, physical problems or prior processing, whether for U. S. Navy or branches of the services not withstanding. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN). Deliberate concealment or false representations may result in disenrollment, and the Uniform Code of Military Justice (UCMJ) Article 83 authorizes a fine and/or imprisonment for fraudulent appointment.

PRINCIPAL PURPOSES: To determine the applicant's eligibility for appointment into the United States Navy. The information provided is **FOR OFFICIAL USE ONLY** and may become a permanent part of your service record and will be maintained and used in strict confidence in accordance with Federal Law and Regulations. The Social Security Number will be used to verify, identify and locate existing records.

ROUTINE USES: To obtain background information from the application to determine applicant's qualifications for commission and programs leading to commission. If prosecuted by the Federal Government for fraudulent appointment, the collected information may be released to the Department of Justice.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security Number may result in denial of appointment into the United States Navy. If after you are appointed, it is found that you concealed a record, you may be discharged from the U. S. Navy as a fraudulent appointment and may be subject to a fine and/or imprisonment.

I certify that the above information is correct. (Please note, duplicate applications require original signature.)

Applicant Signature _____ Date _____

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

PERSONAL STATEMENTS

1. For all applicants, including Nurse Corps, use the space provided to describe the following in detail: (limit your statement between 200 to 250 words)

- Reasons for applying for a commission
- Personal and professional goals
- Strengths/personal characteristics you possess which will contribute to success in the program(s) to which you are applying. Address any other relevant information or substantial accomplishments not already covered.

2. Discuss what the Navy's Core Values (honor, courage, commitment) mean to you and how you think they will apply to you as an officer in the U.S. Navy.

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

PERSONAL STATEMENTS (Cont.)

3. Address any waiver requests, for example: age, education, Time in Service, Time in Grade, requirements, etc. (if applicable).

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

COMMANDING OFFICER'S RECOMMENDATION

Commanding Officer Name _____

Command _____

Street Address _____

City _____ State _____ Zip _____

Work Phone _____ DSN _____ Fax _____

Please evaluate the candidate in the following areas:

TRAITS	Outstanding	Excellent	Good	Satisfactory	Unsatisfactory
Leadership Potential					
Professional Performance					
Personal Appearance					
Teamwork					
Technical/Rating Knowledge (if applicable)					
Academic Potential					
Officer Potential					
Motivation for Program					
Overall Evaluation					

Does this candidate meet all physical requirements? _____

Is the candidate World wide Assignable? _____

Member ranked _____ out of _____ current applicants for the same program from my command.

Remarks. Please provide in space below your personal recommendation and certification that the applicant meets eligibility requirements for the program(s) for which he/she is applying. Also provide amplifying information which would help a board in making a selection determination. Address and make recommendation if applicant requests a waiver of any program eligibility requirement. (For LDO/CWO applicants only: Address qualification for each designator listed in application.)

By your signature you are certifying that this candidate meets program eligibility requirements and that any waiver request(s) has been addressed. **Please note, duplicate applications require original signature.**

Signature _____ Date _____

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

REQUEST FOR HIGH SCHOOL TRANSCRIPT

PRINT NAME IN FULL (LAST, FIRST, MIDDLE)

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

GRADUATION YEAR _____ NUMBER OF TRANSCRIPTS REQUESTED _____

Send transcript to: _____

Check or Money Order enclosed \$ _____

I authorize release of my high school transcript.

Signature _____

Date _____

(TO BE COMPLETED BY SCHOOL OFFICIAL!)

Instructions: The student named above is applying for an officer program in the U. S. Navy. Please complete, as accurately as possible, this part of the form. The Scholarship Selection Board uses a transcript of grades in reviewing an applicant's record.

1. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the most complete academic record to include test results such as NMSQT, CEEB'S, ACT'S and other national examinations.

2. Important! Please submit this information immediately.

3. Return completed form and transcript signed or stamped by a high school official to the activity indicated above. (Also, include a profile of the graduating class, if possible.)

Candidates Cumulative GPA _____ GPA Scale _____ Rank in Class _____

Percentage of Graduating Class expected to enter: 4 YR College _____

2 YR College _____

School ETS Code _____

Did this student take any:

Honor Courses		Accelerated Courses		Advance Placement Courses		Not Available	
YES	NO	YES	NO	YES	NO	YES	NO

Are all Honors, accelerated, and advanced placement courses given extra credit in computing:

Rank in class Y N

Grade averages Y N

Is applicant from minority group or disadvantaged background? Y N

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

HIGH SCHOOL TRANSCRIPT CONTINUES

If yes, which: Minority
Disadvantaged (specify in comment area)

Official Name of School _____

Street Address _____

City _____ State & Zip _____ School Telephone _____

Ranking period (Month & Year): _____

Indicate how grade point average and rank were determined if profile not available.

If rank is not available, please circle placement percentile below.

Top 5%, 10%, 20%, 30%, 40%, 50%, Lower 50%

Comments:

(Additional information which may be significant in considering the applicant.)

Date_____
Title_____
Signature_____
Print Name

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

REQUEST FOR COLLEGE TRANSCRIPT**To be completed by applicant**

Name of university/college _____

Street Address _____

City _____ State _____ Zip _____

Name on transcript _____ Dates attended _____

Year of graduation _____ Degree (college only) _____

Number of transcripts requested _____ Check or money order enclosed \$ _____

Send transcript to:

_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

SEND THIS FORM ALONG WITH APPROPRIATE MONEY ORDER OR CHECK TO THE UNIVERSITY/COLLEGE.

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

FINANCIAL STATEMENT FOR OCS

**** If yes to questions 1 through 6, please ensure you provide the MONTH, YEAR, TYPE OF ACTION, AMOUNT, NAME ACTION OCCURRED UNDER, NAME AND ADDRESS OF COURT OR AGENCY HANDLING CASE, STATE, ZIP CODE**

1. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code? ____ YES ____ NO

2. In the last 7 years, have your wages been garnished? ____ YES ____ NO

3. In the last 7 years, has any of your property been repossessed? ____ YES ____ NO

4. In the last 7 years, has a lien been place against your property for failing to pay taxes or other debts? ____ YES ____ NO

5. In the last 7 years, have all judgements against you been paid in full? If no, indicate payment plan and last projected payment.

6. In the last 7 years, have you been over 180 days delinquent on any debt(s)? YES/NO Are you currently over 90 days delinquent on any debt? YES/NO If yes to either provide: Date debt incurred (mm/yy), date satisfied (mm/yy) amount, type of loan or obligation and account number, name and address of creditor or oblige, include state and zip.

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FINANCIAL STATEMENT FOR NROTC**STATEMENT OF FINANCIAL RESPONSIBILITY**

I, _____, provide the following information in support of my application
(Rate/Name)
for the NROTC Program.

Dependents: Spouse _____ Children _____
(yes or no) (Number) (Ages)

Current Savings \$ _____ Current Outstanding Debt \$ _____

I understand that all of my military pay and allowances will stop when I enter the NROTC Program. I also understand that the NROTC Scholarship only provides \$200 per month and that I am responsible to pay for all housing, food, medical, and other living expenses. The following provides information relevant to my financial obligations:

**Anticipated monthly income
while attending college**

**Anticipated monthly expenses
while attending college**

NROTC Stipend	<u>\$ 200</u>	Rent	_____
Spouse's income	_____	Utilities	_____
Savings	_____	Food	_____
GI Bill	_____	Medical	_____
Grants (specify)	_____	Auto payments/ Insurance	_____
Loans (specify)	_____	Transportation	_____
Other income (specify)	_____	Entertainment	_____
		Debt Payments (incl.credit cards)	_____
Clothing	_____	Other	_____
TOTAL	_____	TOTAL	_____

Reviewed:

Signed:

Command Representative_____
Applicant